

*Building what you value.*

Member: NYSE, FINRA, SIPC

2804 Gateway Oaks Drive, Suite 100  
Sacramento, CA 95833

YOU	QUANTITY	PRICE	PRINCIPAL	FEES	INTEREST	COMMISSION	NET AMOUNT
BOT	20,000	100.000000	20,000.00	0.00	194.44	0.00	\$20,194.44

SYMBOL	CUSIP	TRANS #	T <sup>1</sup>	MKT <sup>2</sup>	CAP <sup>3</sup>	ELIG	TRADE DATE	SETTLE DATE
.7451902T4	7451902T4	K4JQE9		0	2		03/06/13	03/11/13

**DESCRIPTION**

PUERTO RICO COMWLTH HWY & TRAN  
REV REF BDS G  
CALLABLE BOOK ENTRY ONLY  
OID 96.661

COUPON RATE: 5%  
MATURITY DATE: 7/1/2042

*MIR148*

**Important Information About This Security**

MSF BEG 07/01/34  
DTD 4/29/2003 F/C 7/1/2003 CALL 07/01/13 @ PAR  
YLD 4.952% PX TO CALL 07/01/2013 @100  
YLD 5.000% TO Maturity  
INT 01/01/13 TO 03/11/13

**Additional Information**

BondDesk Order ID: 64008439  
Baa3 BBB

YOU	QUANTITY	PRICE	PRINCIPAL	FEES	INTEREST	COMMISSION	NET AMOUNT
BOT	50,000	100.000000	50,000.00	0.00	486.11	0.00	\$50,486.11

SYMBOL	CUSIP	TRANS #	T <sup>1</sup>	MKT <sup>2</sup>	CAP <sup>3</sup>	ELIG	TRADE DATE	SETTLE DATE
.7451902T4	7451902T4	JQY399		0	2		03/06/13	03/11/13

**DESCRIPTION**

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INT 01/01/13 TO 03/11/13

*Interest payment default for  
2017, 2018, and 2019, \$10,500  
Total claim, \$80,500*

**Additional Information**

BondDesk Order ID: 64007840  
Baa3 BBB

SIPC

Supplement Page 2 of 3

## CUSTOMER STATEMENT

Account Number: **Redacted**  
 Bonnie Leatrice Bankert Revoc Trust  
 Edwin B Emery Jr TTEE  
 UAD Oct 3, 2006

Statement Period  
 December 29, 2017 to January 31, 2018

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Account Positions  
 Accounting Method: FIFO

	Account Type	Symbol/Cusip	Quantity Long/Short	Current Price	Current Value	% of Entire Portfolio	Est Annual Income	Total Cost	Unrealized Gain/(Loss)
<b>Municipal Bonds (continued)</b>									
PALM DESERT CALIF SPL TAX CMNTY FACS BOOK ENTRY ONLY DIST NO 2005-1-A OID 97.908 TO YLD 5.45% CALLABLE 5.3000% 09/01/2032 Mdy's:NR S&P:NR	Cash	696627CF3	15,000.000	100.441	15,066.15	1.75%	795.00	15,000.84	65.31
PALOMAR HLTH CA REVENUE REF REVENUE BONDS NEXT SINK 11/1/2037 @100.00 MDY UNDLY Ba1 CALLABLE BOOK-ENTRY 4.0000% 11/01/2039 Call: 11/01/2026 @ 100.00 Mdy's:Ba1 S&P:BBB-	Cash	697528AS6	55,000.000	99.134	54,523.70	6.34%	2,200.00	56,387.69	(1,863.99)
PUERTO RICO COMWLTH HWY & TRAN REV REF BDS G CALLABLE BOOK ENTRY ONLY OID 96.661 MSF BEG 07/01/34 5.0000% 07/01/2042 Mdy's:Ca S&P:D	Cash	7451902T4	70,000.000	11.000	7,700.00	0.90%		70,000.00	(62,300.00)
PUERTO RICO COMWLTH REF-PUB IMPT SER A OID 95.272 TO YLD 5.32% BOOK ENTRY ONLY CALLABLE 5.0000% 07/01/2041 Call: 07/01/2022 @ 100.00 Mdy's:Ca S&P:D	Cash	74514LB89	50,000.000	25.000	12,500.00	1.45%		50,522.39	(38,022.39)
RIVERSIDE CALIF IMPT BD ACT 19 LTD OBLIG IMPROV BDS CALLABLE BOOK ENTRY ONLY OID 99.242 5.2000% 09/02/2036 Call: 03/02/2018 @ 100.50 Mdy's:NR S&P:NR	Cash	769003LY8	45,000.000	100.320	45,144.00	5.25%	2,340.00	45,065.14	78.86



## SACRAMENTO COUNTY

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052011094869

## CERTIFICATE OF DEATH

3201134004285

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) BONNIE		2. MIDDLE LEATRICE	
3. LAST (Family) BANKERT		4. DATE OF BIRTH mm/dd/ccyy Redacted	
5. AGE Yrs. 86		6. SEX F	
7. DATE OF DEATH mm/dd/ccyy 05/15/2011		8. HOUR (24 Hours) 1050	
9. BIRTH STATE/FOREIGN COUNTRY IL		10. SOCIAL SECURITY NUMBER Redacted 6707	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) WIDOWED	
13. EDUCATION—Highest Level/Degree (see worksheet on back) BACHELOR		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) WHITE		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) PUBLIC EDUCATION	
17. USUAL OCCUPATION—Type of work for most of life, DO NOT USE RETIRED SUBSTITUTE TEACHER		18. YEARS IN OCCUPATION 3	
20. DECEDENT'S RESIDENCE (Street and number, or location) 5332 BUNKER CT.			
21. CITY FAIR OAKS		22. COUNTY/PROVINCE SACRAMENTO	
23. ZIP CODE 95628		24. YEARS IN COUNTY 47	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP EDWIN EMERY, DPOAHC	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 7605 PALISADE WAY, FAIR OAKS, CA 95628		28. NAME OF SURVIVING SPOUSE/SRDP—FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT—FIRST LEE		32. MIDDLE CLAYBORN	
33. LAST BRISON		34. BIRTH STATE IL	
35. NAME OF MOTHER/PARENT—FIRST HILDA		36. MIDDLE AMELIA HENRIETTA	
37. LAST (BIRTH NAME) BUSING		38. BIRTH STATE IL	
39. DISPOSITION DATE mm/dd/ccyy 05/25/2011		40. PLACE OF FINAL DISPOSITION FAIR OAKS DISTRICT CEMETERY 7780 OLIVE ST., FAIR OAKS, CA 95628	
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT PRICE FUNERAL CHAPEL, INC.	
45. LICENSE NUMBER FD-1062		46. SIGNATURE OF LOCAL REGISTRAR GLENNAH I TROCHET, MD	
47. DATE mm/dd/ccyy 05/24/2011		101. PLACE OF DEATH OWN RESIDENCE	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SACRAMENTO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 5332 BUNKER CT.	
106. CITY FAIR OAKS		107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) Redacted Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	
108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO			
113. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive (A) mm/dd/ccyy (B) mm/dd/ccyy 12/28/2007 02/01/2011	
115. SIGNATURE AND TITLE OF CERTIFIER ALIREZA PESSARAN M.D.		116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ALIREZA PESSARAN M.D. 6437 FAIR OAKS BLVD, CARMICHAEL, CA 95608	
117. LICENSE NUMBER A89855		118. DATE mm/dd/ccyy 05/24/2011	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/ccyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/ccyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#	
CENSUS TRACT		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF SACRAMENTO

} SS

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

May 24, 2011

DATE ISSUED:



\* 001218867 \*

Shirley J. Trochet M.D.

LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE